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 0 051 10 (571) 275 2005, 015 11	(Depositor's name)
 -	(Signature
 	(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/822.860	04/13/2004	Koichi Matsuzaki	040176	2658

TITLE OF INVENTION: ANTIBODIES SPECIFIC FOR PHOSPHORYLATION SITES AND SCREENING METHODS USING THE SAME **ANTIBODIES** 

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUETEE	TOTAL TEL(3) DOL	DATEBOE	
nonprovisional	NO	\$1440	\$300	\$0 . 07/14/2008 AU	\$1740 ONDAF2 00000027 018	07/18/2008 2340 10822860	
EXAMINER AF REDDIG, PETER J		ART UNIT	CLASS-SUBCLASS	01 FC:1501	1440.00 DA		
		1642	530-387100	02 FC:1504	300.00 DA		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  KRATZ, QUINTOS &  HANSON, LLP				
			THE PATENT (print or type data will appear on the pot a substitute for filing an		dentified below, the doc	ument has been filed	
(A) NAME OF ASS	IGNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	TRY)		
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Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🏻 Corporati	ion or other private grou	p entity Governme	
4a. The following fee(s)  Issue Fee  Description Fee (s)  Advance Order -	No small entity discount p			ase first reapply any pred rd. Form PTO-2038 is attary authorized to charge the sist Account Number O	ached.		

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 07/11/08

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EXAM	IINER	ART UNIT	CLASS-SUBCLASS		•	
REDDIG	, PETER J	1642	530-387100			
Address form PTO/S  "Fee Address" inc PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME A  PLEASE NOTE: Un recordation as set for  (A) NAME OF ASSI  ZERIA PHARM  KANSAT MED	pondence address (or Cha B/122) attached. dication (or "Fee Address D2 or more recent) attack and RESIDENCE DAT. dless an assignee is ident th in 37 CFR 3.11. Com GNEE ACEUTICAL CO.	Indication form med. Use of a Customer  A TO BE PRINTED ON tified below, no assignee pletion of this form is NO	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney of a single registered patent attorney or a substitute for filing an (B) RESIDENCE: (CITY TOKYO, J.	a 3 registered patent attornively, e firm (having as a membragent) and the names of urneys or agents. If no namprinted.  pe) atent. If an assignee is it assignment.  and STATE OR COUNTAPAN  HI-SHI, JAPAN	hers 2 HANSO her a 2 her a 3 her is 3 here is 3	
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